



City of Milwaukee Property Recording Program

PREFERED CONTACT RESIGNATION FORM

SECTION 1: PREFERED CONTACT

PLEASE TYPE OR PRINT IN INK!

Check One: ☐ Person ☐ Corporation, Limited Partnership, or Limited Liability Company

Last Name or Business Name or Organization Name First Name MI Jr., III, etc. Date of Birth: ____/____/____
(Month/Day/Year)

House Number Dir Street Street Type City State Zip Code

Check One: ADDRESS – Home () PHONE – Home (____) ____-____
Business () Business (____) ____-____

REGISTERED AGENT
FOR CORPORATION,
LIMITED PARTNERSHIP
OR LIMITED LIABILITY COMPANY

Last Name First Name MI

Effective ____/____/____ I, _____, will no longer be the preferred contact for the
Date (Print Name Please)
property listed below and (if more than one) on the attached sheet for this owner.

Preferred Contact's Signature _____ Date ____/____/____

SECTION 2: PROPERTY DESCRIPTION

Taxkey Number (____) House Number Dir Street Name Street Type
(ST, PL, RD, etc.)

Additional Property List for Same Owner

Zip Code # Residential Units Number of Properties on Attached list

SECTION 3: PROPERTY OWNER

Check One: ☐ Person ☐ Corporation, Limited Partnership, or Limited Liability Company ☐ Other (specify) _____

Owner : Last Name or Business Name or Organization Name First Name MI Jr., III, etc.

House Number Dir Street Street Type City State Zip Code

Check one: () Home Address () Business Address

Telephone Numbers: Home (____) ____-____ Business (____) ____-____

Ownership Type: () Titleholder () Land Contract Purchaser () Other - list _____

If you have any questions or need assistance in completing this form,
call the Department of Neighborhood Services at (414) 286-8569.

Mail form to: Dept. of Neighborhood Services, Property Recording Program
841 N. Broadway Room 105
Milwaukee, WI 53202-3613